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JULY 19, 2004

PAUL N. KATZ

REG. NO. 35,917

07/19/2004
DATE OF MAILING

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U.S.S.N.:	09/870,944
FILING DATE:	JUNE 1, 2001
APPLICANT:	MICHAEL I. CATHERWOOD
GROUP ART UNIT:	2124
EXAMINER:	CHAT C. DO
ATTORNEY DOCKET NO.	068354.1443
TITLE:	"SHADOW REGISTER ARRAY CONTROL INSTRUCTIONS"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. RESPONSE TO NON-FINAL OFFICE ACTION, MAILED APRIL 30, 2004;
2. PTO/SB/17 FEE TRANSMITTAL WITH DUPLICATE COPY FOR FEE PROCESSING;
3. CHECK NO. 894363 IN THE AMOUNT OF \$180.00 FOR SUBMISSION OF INFORMATION DISCLOSURE STATEMENT;
4. INFORMATION DISCLOSURE STATEMENT TRANSMITTAL LETTER AND PTO-1449 INFORMATION DISCLOSURE CITATION (WITH COPIES OF 137 CITED U.S. PATENTS, 2 CITED FOREIGN PATENTS; AND 3 CITED ARTICLES ON CD);
5. CHANGE OF CORRESPONDENCE ADDRESS;
6. REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW ATTORNEYS; AND
7. RETURN POSTCARD TO ACKNOWLEDGE RECEIPT OF ABOVE ITEMS.

ATTORNEY CONTACT:

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Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM		Postage \$	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee		Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee	Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$		<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <small>WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.</small> Customer Signature: _____			
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FROM: (PLEASE PRINT) 4517, Paul N. Katz BAKER BOTTS LLP ONE SHELL PLAZA 910 LOUISIANA ST HOUSTON TX 77002-4914 PHONE 713 229 1234 068354.1443				TO: (PLEASE PRINT) MAIL STOP COMMISSIONER FOR PATENTS PU BOX 1450 ALEXANDRIA VA 22313-1450 PHONE 800 786 9199 Amendment			

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